MassHealth

Guide to Remittance Advice and Electronic Equivalents for Claim Form No. 10

Executive Office of Health and Human Services
MassHealth
November 2007

BG-10-RA (11/07)

Table of Contents

Introduction

The following information describes in detail the paper remittance advice that MassHealth issues to providers in response to claims submitted on the paper claim form no. 10, or its electronic equivalent. For instructions on submitting paper claims on claim form no. 10, see the MassHealth Billing Guide for Paper Claim Form No. 10. For information about billing electronically, see the applicable MassHealth companion guides. For general administrative and billing instructions, see Subchapter 5 of your MassHealth provider manual.

General Explanation of Remittance Advice

For each pay cycle ("run"), MassHealth issues a remittance advice to affected providers to explain the status of claims that were processed. It lists paid, denied, suspended, adjusted, voided, and pended claims that were processed on that run. Claims within each status are sorted first by earliest date of service, second by patient account number, and third by the member's last name. If the provider has not elected to have payments transferred directly into a bank account through electronic funds transfer (EFT), a check for the total amount of paid claims represented on the remittance advice will be mailed separately.

MassHealth uses the first page of the remittance advice to send important messages to providers. These messages may contain billing and payment information, as well as other topics. These updates should be shared with all applicable staff. Remittance advice messages may apply to all providers or to certain types of providers (for example, physicians or hospitals). These messages are also posted on the MassHealth Web site at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on Remittance Advice Message Text.

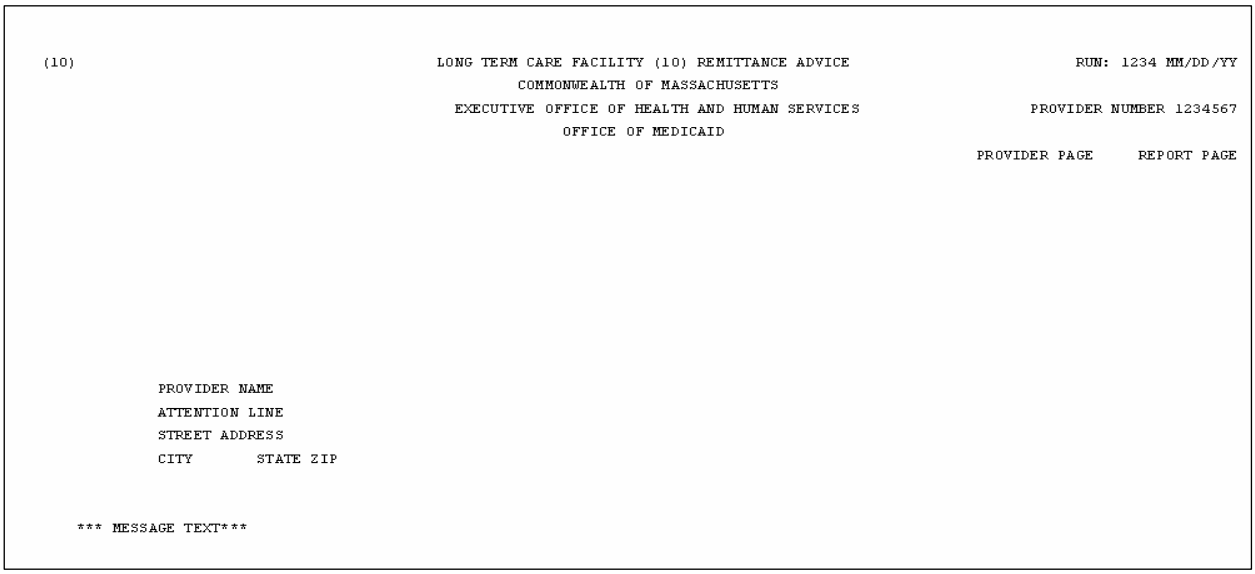
These instructions contain the following information about the remittance advice:

- a sample cover page of the remittance advice;
- an item-by-item key to identify the location and type of information found on the remittance advice;
- an explanation of the information on the remittance advice relating to the status of each claim, including examples of paid, denied, suspended, and pended claims;
- an explanation of the information on the remittance advice relating to the different kinds of claims-processing requests, including requests for payment, adjustments, voids, and returned monies; and
- examples of remittance advices.

The error codes that may appear on the paper remittance advice and their definitions are listed and explained in Subchapter 5 of your MassHealth provider manual.

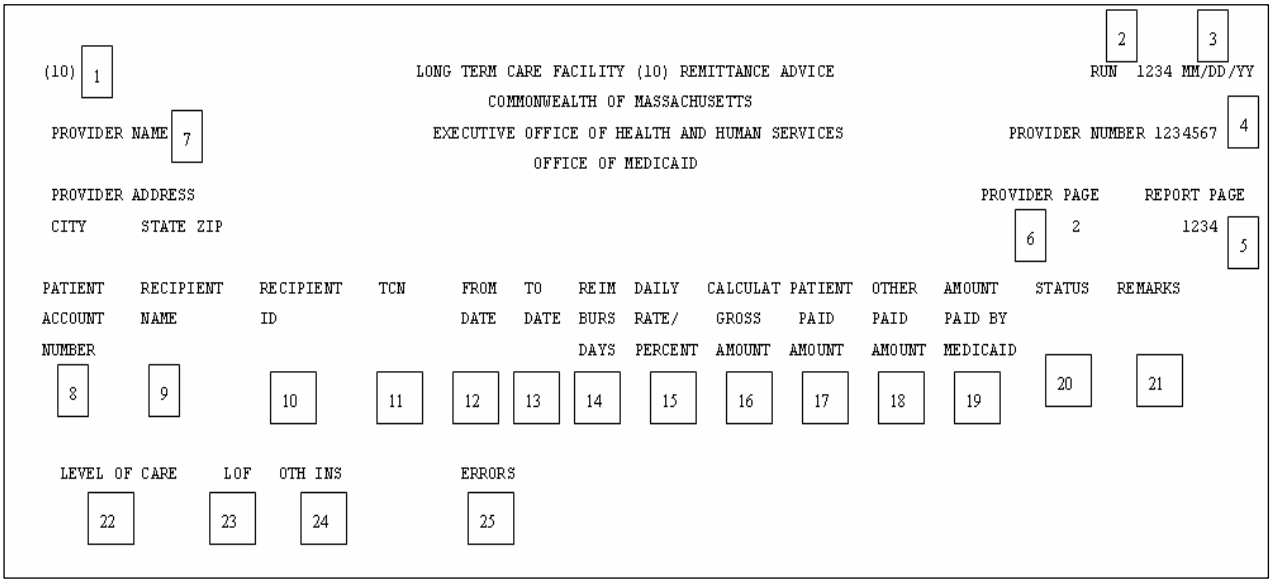
Sample Cover Page of the Remittance Advice

Pictured below is a sample cover page of the remittance advice used to report the status of all claims submitted on the MassHealth claim form no. 10 and its electronic equivalents. The cover page will include message text if applicable.



Item-by-Item Explanation of the Remittance Advice

Pictured below is a sample of the claim detail of the remittance advice



Item-by-Item Explanation of the Remittance Advice (cont.)

Top of Advice

Field No.	Field Data	Description
1	Invoice Type	This is the MassHealth claim form number used for your claim submissions. Electronic submissions are translated to the corresponding MassHealth claim form type.
2	Run	This is the number identifying the specific processing cycle.
3	Date	This is the date (MMDDYY) the remittance advice was printed.
4	Provider Number	This is the pay-to provider number.
5	Report Page	This is the page number of the total computer printout.
6	Provider Page	This is the sequential page number of the remittance advice.
7	To	This is the legal entity's name and the check-mailing address.

Claim Lines

8	Patient Account Number	This is the patient account number entered on the claim.
9	Recipient Name	Members' names are listed by month of service within each claim status and alphabetically by last name. If the member identification number is not on the member eligibility file, or if the number is incorrect, "NM NOT AVAIL" appears in this field.
10	Recipient ID	This is the member identification number that was entered on the claim.
11	TCN	This is a unique 10-character number assigned to each claim line. The transaction control number (TCN) is assigned when a claim is received. It is used to identify a claim for adjustments, resubmittals, and records research. Below is an explanation of each digit in two types of TCNs. Electronic claims are identified by an alpha character in the fifth position of the TCN. **Examples:** 612302743A and 6123A2743A

Last Digit of Current Calendar Year	Julian Date Claim Is Received	MMIS Batch Number	Claim Number Within Batch	Line on Claim Form
6	123	027	43	A
6	123	A27	43	A
(2006)	(May 3)	(Batch #27)	(Claim #43)	(Claim Line A)

Item-by-Item Explanation of the Remittance Advice (cont.)

Field No.	Field Data	Description
12	From Date	This is the first date of service.
13	To Date	This is the last date of service.
14	Reimburse Days	This is the number of reimbursable days entered on the claim.
15	Daily Rate/ Percent	This is the provider's daily rate as determined by the Division of Health Care Finance and Policy or other appropriate agency.
16	Calculate Gross Amount	This is the total charge for the number of reimbursable days multiplied by the daily rate.
17	Patient Paid Amount	This is the amount entered on the claim, if applicable.
18	Other Paid Amount	This is the amount entered on the claim that was paid by other health insurance, if applicable.
19	Amount Paid by Medicaid	This appears for paid, adjusted, and pended claims only and is the amount paid by MassHealth. Positive amounts are amounts paid by MassHealth. A positive payment results from the submission of a claim approved for payment or from an accepted adjustment of a previously paid or pended claim. Negative amounts are amounts owed by the provider to MassHealth. A negative amount is generated by an adjustment to, or a void of, a previously paid or pended claim that resulted in an overpayment.
20	Status	This reports the status of the claim, adjustment, resubmittal, void, or returned monies: PAID – The claim is paid. DENIED – The claim is not paid. SUSPEND – The claim must be reviewed to determine status. ACCEPTED – The void claim is accepted. $ AMOUNT – For a recoupment (RECOUP appears in the Remarks section), this is the dollar amount of the original payment. For a debit adjustment (DBADJ appears in the Remarks), this is the amount of the original payment. For a credit adjustment (CRADJ), this is the amount of the recalculated payment. RETURNED CHECK AMOUNT – Denotes a returned money void.

Item-by-Item Explanation of the Remittance Advice (cont.)

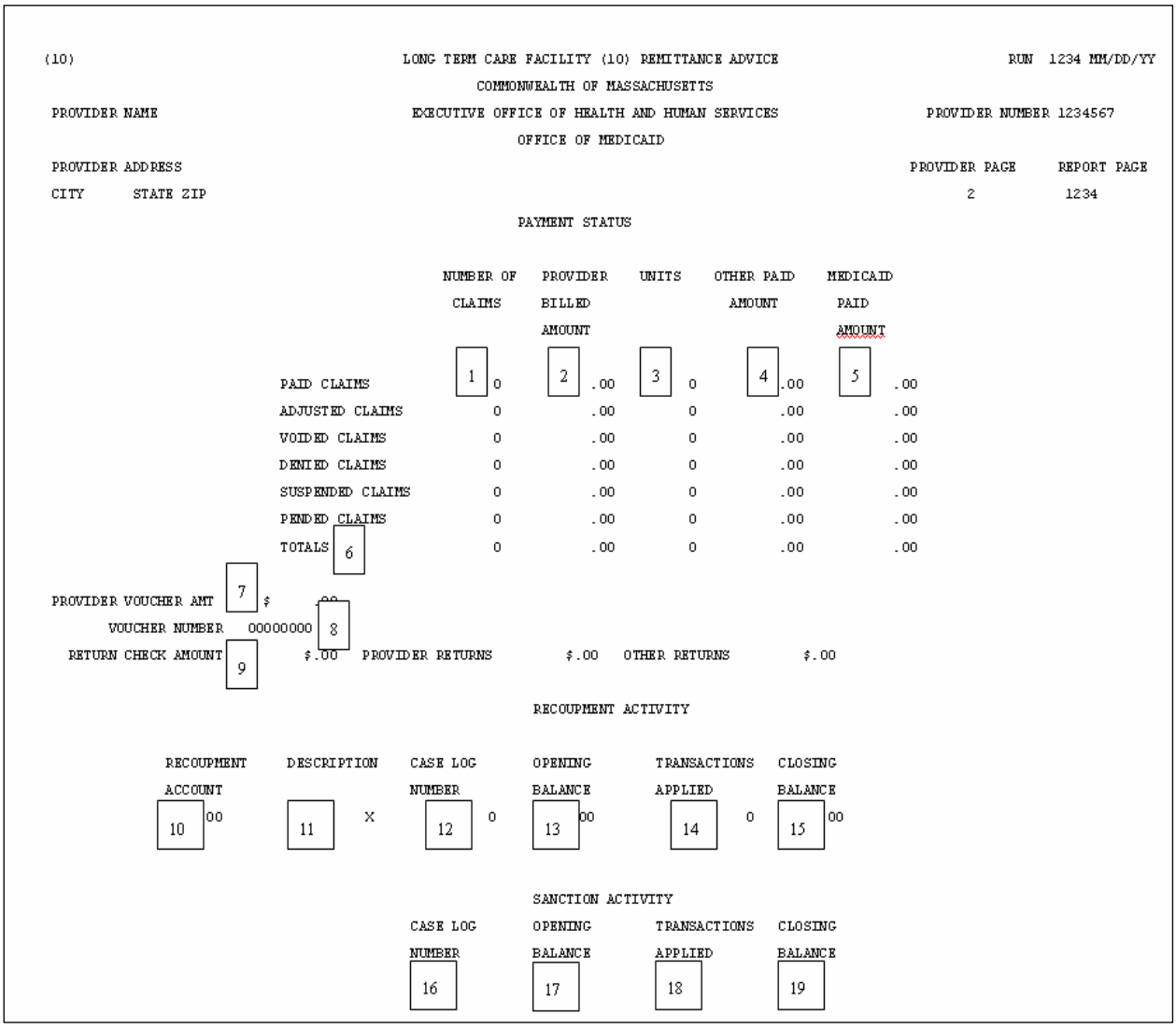
Field No.	Field Data	Description
21	Remarks	This field contains additional information about the claim being processed, and returned monies description: ORIG – Denotes original claim. RESUB – Denotes resubmittal of a previously denied claim. DBADJ – Denotes the original claim payment. CRADJ – Due to an adjustment, the amount previously paid is recalculated. FISCPEND – The claim is pending payment for fiscal reasons. RELFISC – The claim is released from fiscal pend. PPR – Denotes post-payment review (PPR) pend (indicates the case log number). REL – The claim has been released from PPR pend (indicates the case log number). RECOUP – The payment amount has been subtracted to satisfy an amount owed to MassHealth for an overpayment or sanction. REDUCED – The patient paid amount (PPA) is greater than the PPA indicated on the claim form. TAPE – The claim was submitted electronically. TPL-18-A – Denotes collection from title XVIII (Medicare Part A). TPL-18-B – Denotes collection from title XVIII (Medicare Part B). The following remarks are indicated only for returned money, zero-payment adjustments, and returned-money voids. TPL-INS – Denotes collection from health insurance. TITLE 18 – Denotes return from Medicare, but undetermined if Part A or B. REP-PPA – For LTC claims only, when monies are returned that reflect the patient paid amount. TPL-ACC – Denotes collection from casualty insurance, workers' compensation, auto accident, etc. TPL-EST – Denotes collection from estate of deceased member. RET-PROV – Money was returned because it was paid to the wrong provider. RET-RECP – Money was returned because it was paid for the wrong member. RET-ERR – The provider billed the service before the service dates or the service was not delivered. RET-DUPA – The money was returned because of a duplicate payment. RET-DUPB – The provider billed twice.

Item-by-Item Explanation of the Remittance Advice (cont.)

Field No.	Field Data	Description
21	Remarks (cont.)	RET-CRADJ – Denotes collection from credit balance on member accounts. RET-OVER – The provider was paid more than the amount billed. RET-PART- The provider performed only a component of the service billed. RET-OTH – Money was returned for other reasons. VOID – Denotes void to a previously paid claim. VOIDNOCK – Denotes void to a previously paid claim without a return check. REMARKS (last character) – The last character of the remarks "code" indicates the following conditions. M – The claim was manually reviewed. P – The claim was pended. R – The claim was for returned money. S – The claim was suspended.
22	Level of Care	This is the level-of-care code that was entered on the claim.
23	L.O.F.	LOF is the level of functioning. If the nursing home is a case-mix provider, the member's management minutes category (MMC) will appear in this item.
24	Oth Ins	The TPL carrier code representing the explanation of benefits (EOB) from another insurance will appear in this field if an EOB from the other insurance was submitted.
25	Errors	If applicable, the error codes that caused the claim to be suspended or denied will be shown here. See Part 6 of Subchapter 5 of your MassHealth provider manual for a complete list of error codes and their definitions.

Item-by-Item Explanation of the Remittance Advice Total Page

Pictured below is a sample total page of the MassHealth remittance advice. Field descriptions begin on page 9.



(10) LONG TERM CARE FACILITY (10) REMITTANCE ADVICE RUN 1234 MM/DD/YY

COMMONWEALTH OF MASSACHUSETTS

PROVIDER NAME EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES PROVIDER NUMBER 1234567

OFFICE OF MEDICAID

PROVIDER ADDRESS PROVIDER PAGE REPORT PAGE

CITY STATE ZIP 2 1234

PAYMENT STATUS

	NUMBER OF CLAIMS	PROVIDER BILLED AMOUNT	UNITS	OTHER PAID AMOUNT	MEDICAID PAID AMOUNT
PAID CLAIMS	1 0	2 .00	3 0	4 .00	5 .00
ADJUSTED CLAIMS	0	.00	0	.00	.00
VOIDED CLAIMS	0	.00	0	.00	.00
DENIED CLAIMS	0	.00	0	.00	.00
SUSPENDED CLAIMS	0	.00	0	.00	.00
PENDED CLAIMS	0	.00	0	.00	.00
TOTALS 6	0	.00	0	.00	.00

PROVIDER VOUCHER AMT 7 $ .00

VOUCHER NUMBER 00000000 8

RETURN CHECK AMOUNT 9 $.00 PROVIDER RETURNS $.00 OTHER RETURNS $.00

RECOUPMENT ACTIVITY

RECOUPMENT ACCOUNT	DESCRIPTION	CASE LOG NUMBER	OPENING BALANCE	TRANSACTIONS APPLIED	CLOSING BALANCE
10 00	11 X	12 0	13 00	14 0	15 00

SANCTION ACTIVITY

CASE LOG NUMBER	OPENING BALANCE	TRANSACTIONS APPLIED	CLOSING BALANCE
16	17	18	19

Item-by-Item Explanation of the Remittance Advice Total Page (cont.)

Payment Status

Field No.	Field Data	Description
1	Number of Claims	These are the totals of the number of claims within each of the following six categories of claim status: • paid claims; • adjusted claims; • voided claims; • denied claims; • suspended claims; and • pended claims.
2	Provider Billed Amount	These are the totals of the amounts billed by the provider for each of the six categories of claim status.
3	Units	These are the totals of the number of days or units for each of the six categories of claim status.
4	Other Paid Amount	These are the totals of the amounts paid by other health insurance for each of the six categories of claim status, when applicable.
5	Medicaid Paid Amount	These are the totals of the amounts paid by MassHealth for each of the six categories of claim status.
6	Totals	These are the totals for Items 1 through 5 listed above.
7	Provider Voucher Amount	This is the amount of the payment check or electronic funds transfer, when applicable.
8	Voucher Number	This is the number of the payment issued to the provider.
9	Returned Check Amount	This is the total amount of payment the provider returned to MassHealth, if applicable.

Item-by-Item Explanation of the Remittance Advice Total Page (cont.)

Recoupment Activity

Field No.	Field Data	Description
10	Recoupment Account	This code identifies the type of activity for the recoupment account for this processing cycle. ***Note:*** If the recoupment account code G, H, or I appears in this item, a separate check for the recouped amount has been issued to the appropriate government agency. When checks are issued as part of recoupment activity, the check numbers are printed in the lower-right margin of the remittance advice.
11	Description	This is a description of the recoupment account with activity this processing cycle, if applicable.
12	Case Log Number	This is the case log number assigned to the post-payment review recoupment account with activity this processing cycle, if applicable.
13	Opening Balance	This is the balance of the recoupment account at the beginning of this processing cycle, if applicable.
14	Transactions Applied	This is the amount of claims activity applied to the recoupment account this processing cycle, if applicable.
15	Closing Balance	This is the balance of the recoupment account at the end of this processing cycle, if applicable.

Code	Description
A	Special payments – current claim
B	Special payments – retro claims
C	Retro decrease – NHS and RHS
D	Retro decrease – all other
E	Program review recoveries (PRR)
F	Overpayments
G	Department of Revenue
H	Department of Employment Security
I	Internal Revenue Service
J	Vendor error
K	PRR overpayment
L	PRR
M	PRR - Medicare recoveries
N	PRR - non-Medicare recoveries
P	Prospective interim payment
R	Financial compliance
S	Special payment – ILCs for FFP
ZZ	Medicare recovery

Item-by-Item Explanation of the Remittance Advice Total Page (cont.)

Sanction Activity

Field No.	Field Data	Description
16	Case Log Number	This is the case log number assigned to the sanction activity during this processing cycle, if applicable.
17	Opening Balance	This is the balance of the sanction account at the beginning of this processing cycle, if applicable.
18	Transactions Applied	This is the amount of claims activity applied to the sanction account this processing cycle, if applicable.
19	Closing Balance	This is the balance of the sanction account at the end of this processing cycle, if applicable.

Examples of Claim Lines on the Remittance Advice

Example of a Paid Claim

In this example, services were furnished to eligible MassHealth member John Doe for the dates of service from July 1, 2005, to July 31, 2005. The total charges are in accordance with the MassHealth allowable amount for this service code.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	073105	30	176.64	529920	75000	00	454920	PAID	(ORIG)
LEVEL OF CARE	3E LOF T OTH INS		ERRORS										

Example of a Denied Claim

In this example, services were furnished to eligible MassHealth member John Doe for dates of service from July 1, 2005, to July 31, 2005. Two claims for the same service were mistakenly submitted. The second (current) submission was denied with error code 103 (see Part 6 of Subchapter 5 of your MassHealth provider manual for a complete description of the error code.) The previously paid claim appears on the following line as a "Conflicting Claim" with the run number of the remittance advice on which it appeared.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	073105	31	183.16	567796	00	00		DENIED	(ORIG)
LEVEL OF CARE	3E LOF T OTH INS		ERRORS	103									
01234ABC	DOE JOH	0123456789	512345660A	070105	073105	31	183.16	567796	00	00		PAID	(ORIG)
LEVEL OF CARE	3E LOF T OTH INS		ERRORS	CONFLICTING CLAIM RUN 1233									

Example of a Suspended Claim

In this example, care was furnished to MassHealth member John Doe on July 1, 2005. When the provider billed MassHealth for the service, the claim was suspended with error code 246, which means that the member identification number entered on the claim is ineligible on the date of service entered on the claim. (See Part 6 of Subchapter 5 of your MassHealth provider manual for a complete description of the error code.) According to the MassHealth member eligibility file, John Doe was not eligible for MassHealth on the date of service. The claim will be recycled for up to 30 days to allow for possible updates to the eligibility file.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	073105	31	183.16	567796	00	00		SUSPEND	(ORIG)
LEVEL OF CARE	3E LOF T OTH INS		ERRORS	246									

Examples of Claim Lines on the Remittance Advice (cont.)

Example of a Postpayment Review (PPR) Pended Claim

In this example, it was determined that $5,677.96 was payable for this claim; however, payment is being withheld as a result of a Notice of Withhold. See 130 CMR 450.249. A withhold inhibits the release of current payments to a provider. This claim may be released for payment when a resolution is reached between the provider and MassHealth, or the amount owed is finally adjudicated, and all due amounts have been recovered.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	073105	31	183.16	567796	00	00	567796		(PPRU1234)
LEVEL OF CARE	3E LOF T OTH INS		ERRORS										

Examples of Adjustments

An adjustment is indicated on a remittance advice by a debit-credit transaction. The debit (DBADJ) line reflects the original claim, and the corresponding status field contains the amount originally paid. The credit (CRADJ) line reflects the adjustment to the original claim, and the corresponding status field contains the amount that should have been paid. The amount in the "Amount Paid by Medicaid" column represents the difference between these two amounts. This amount will be zero if the adjustment did not change the original payment. If the amount is negative, it will be deducted from current payments. If the amount is positive, it will result in an additional payment for the claim.

The following examples illustrate situations when adjustments result in (1) a negative amount, (2) a positive amount, and (3) no change to the payment (zero-payment adjustment).

Example of a Negative Amount Adjustment

In this example, a change in the case-mix level resulted in a reduction of the amount paid by MassHealth. This change established an overpayment of $825.22 ($3,372.12 minus $2,546.90) for the original claim that had been paid to the provider. The provider should have been paid $2,546.90. The $825.22 overpayment will be deducted from the total amount of paid claims on the remittance advice.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	073105	31	120.00	372000	117310	00	82522-	254690	(CRADJ)
LEVEL OF CARE	3E LOF K OTH INS		ERRORS										
01234ABC	DOE JOH	0123456789	512345660A	070105	073105	31-	146.62-	454522	117310-	00	00	337212-	(DBADJ)
LEVEL OF CARE	3E LOF L OTH INS		ERRORS										

Examples of Claim Lines on the Remittance advice (cont.)

Example of a Positive Amount Adjustment

In this example, a change in the case mix level resulted in an increase in the amount paid by MassHealth. This change established an underpayment of $2,329.20 ($5,29920 - $2,220.00) for the provider. As a result, MassHealth pays $2,329.20 to the provider.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	073105	30	176.64	529920	75000	00	232920	454920	(CRADJ)
LEVEL OF CARE	3E	LOF T	OTH INS	ERRORS									
01234ABC	DOE JOH	0123456789	512345660A	070105	073105	30-	99.00-	297000-	75000-	00	00	222000-	(DBADJ)
LEVEL OF CARE	3E	LOF T	OTH INS	ERRORS									

Example of a Zero–Payment Adjustment

In this example, a change in the case-mix level did not change the original payment amount.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070505	073105	26	103.92	270192	52849	00	00	217343	(CRADJ)
LEVEL OF CARE	3M	LOF J	OTH INS	ERRORS									
01234ABC	DOE JOH	0123456789	512345660A	070505	073105	26-	103.92-	270192-	52849-	00	00	217343-	(DBADJ)
LEVEL OF CARE	3M	LOF K	OTH INS	ERRORS									

Example of a Void

A void transaction is reported on a remittance advice to correct and report any one of the following situations:

- duplicate claim erroneously paid;
- payment to wrong provider;
- payment for wrong member;
- payment in excess of the maximum allowable MassHealth amount;
- payment for overstated services; or
- payment for services for which payment has been received from one or more third-party payers.

A void transaction always results in a negative amount to reverse the original claim. These voids do not represent the return of owed monies. Therefore, they are treated as an overpayment and are deducted from current payments.

Examples of Claim Lines on the Remittance advice (cont.)

In this example, a payment of $2747.40 was issued to the wrong provider for a claim for John Doe. This claim is voided and this provider's payments are deducted until the total amount of $2747.40 is recovered.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	REIM BURS DAYS	DAILY RATE/ PERCENT	CALCULAT GROSS AMOUNT	PATIENT PAID AMOUNT	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070205	071605	15	183.16	274740			274740-	ACCEPTED	VOID
LEVEL OF CARE	3E LOF T	OTH INS		ERRORS									

Recoupment/Recovery Information

When a claim adjustment or a void results in an overpayment, a negative amount appears in the "Amount Paid by Medicaid" column on the remittance advice. These negative amounts are subtracted from the provider's current payment. If a negative balance is still outstanding, it is carried forward as an outstanding recoupment account. This activity is reported on the remittance advice and will appear under "Remarks."

Monies owed by a provider will be deducted by MassHealth from future claim payments.

MassHealth may be required to make payment to federal or state authorities when served with a levy upon payments due to a MassHealth provider. In these instances, a recoupment account for the amount of the levy is established for one processing cycle. Levy amounts are recouped from current payments. This activity is reported on the remittance advice. Payments are sent to the proper federal or state authority.

Example of a Recoupment/Recovery

In this example, a recoupment in the amount of $100.00 was reported. On this remittance advice, $50.00 was applied, leaving a balance due of $50.00. The balance will be applied against the next payment made to the provider.

RECOUPMENT ACTIVITY

RECOUPMENT ACCOUNT	DESCRIPTION	CASE LOG NUMBER	OPENING BALANCE	TRANSACTIONS APPLIED	CLOSING BALANCE
A	SPECIAL PAYMENTS-CUR		100.00	50.00	50.00

Additional Information

For more information about submitting claims, consult the administrative and billing instruction in Subchapter 5 of your MassHealth provider manual. For MassHealth contact information, consult Appendix A of your MassHealth provider manual. Subchapter 5 and Appendix A are both avaliable on the Web. Go to www.mass/gov/masshealth and click on MassHealth Regulations and Other Publications, then on Provider Library.